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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF TENNESSEE		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this amended filir

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Oda First name McCall Middle name	First name Middle name	
	Bring your picture identification to your meeting with the trustee.	Bohanan Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)	
2.	All other names you hav	re		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5632		

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4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs.		
		■ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)		
		EINs	EINs		
5.	Where you live		If Debtor 2 lives at a different address:		
		7804 Stanley Lot 165			
		Powell, TN 37849 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Knox			
		County	County		
above, fill it in		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
5.	Why you are choosing	Check one:	Check one:		
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	 Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. 		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Par	t 2: Tell the Court About	Your Ba	ankruptcy Ca	ise		
7.	The chapter of the Bankruptcy Code you are				each, see <i>Notice Required by</i> age 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.
	choosing to file under	■ Ch	apter 7			
		☐ Ch	apter 11			
		☐ Ch	apter 12			
		☐ Ch	apter 13			
8.	How you will pay the fee		about how yo	u may pay. Typic attorney is submi	ally, if you are paying the fee yo	with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money llf, your attorney may pay with a credit card or check with
			red to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Filing Fee in Installments (Official Form 103A).			
			but is not req applies to yo	uired to, waive yo ur family size and	ur fee, and may do so only if you you are unable to pay the fee in	only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out ial Form 103B) and file it with your petition.
<u> </u>	Have you filed for					
9.	Have you filed for bankruptcy within the last 8 years?	■ No.				
	•		District		When	Case number
			District		When	Case number
			District		When	Case number
10.	Are any bankruptcy	-				
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No	S.			
			Debtor			Relationship to you
			District		When	Case number, if known
			Debtor			Relationship to you
			District		When	Case number, if known
11.	Do you rent your	■ No.	Go to I	ine 12.		
	residence?	☐ Yes	s. Has yo	ur landlord obtain	ed an eviction judgment against	you?
				No. Go to line 12	2.	
				Yes. Fill out <i>Initia</i> this bankruptcy p		ludgment Against You (Form 101A) and file it as part of

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Part	Report About Any Bu	sinesses	You Owr	as a Sole Proprieto	r	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.		
		☐ Yes.	Name	and location of busin	ess	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name of business, if any			
If you have more than one sole proprietorship, use a separate sheet and attach			& ZIP Code			
	it to this petition.		Chec	k the appropriate box	to describe your business:	
				Health Care Busines	ss (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real E	state (as defined in 11 U.S.C. § 101(51B))	
				Stockbroker (as defi	ined in 11 U.S.C. § 101(53A))	
				Commodity Broker ((as defined in 11 U.S.C. § 101(6))	
				None of the above		
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline: operation	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure n 11 U.S.C. 1116(1)(B).			
	For a definition of small	No.	I am r	not filing under Chapte	er 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.		
		☐ Yes.	I am f	iling under Chapter 11	and I am a small business debtor according to the definition in the Bankruptcy Code.	
Part	4: Report if You Own or	Have Any	, Hazardo	ous Property or Any I	Property That Needs Immediate Attention	
	Do you own or have any property that poses or is alleged to pose a threat of imminent and	■ No. □ Yes.		the hazard?		
	identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?			diate attention is why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	ulumbar Street City State 9 7in Code	
				ľ	Number, Street, City, State & Zip Code	

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Debtor 1 **Oda McCall Bohanan**

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

> I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Page 6 of 43 Case number (if known) Main Document Debtor 1 **Oda McCall Bohanan** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Oda McCall Bohanan

Signature of Debtor 2

Executed on

Oda McCall Bohanan Signature of Debtor 1

Executed on July 25, 2019

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Debtor 1 Oda McCall Bohanan

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Cynthia T. Lawson	Date	July 25, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Cynthia T. Lawson 018397		
Printed name		
Bond, Botes & Lawson, P.C.		
Firm name		
6704 Watermour Way		
Knoxville, TN 37912		
Number, Street, City, State & ZIP Code		
Contact phone (865) 938-0733	mail address	cynthialawson@bbllawgroup.com
018397 TN		
Bar number & State		

		ation to identify you				
Del	otor 1	Oda McCall Boh First Name	Anan Middle Name	Last Name		
	otor 2 buse if, filing)	First Name	Middle Name	Last Name		
Uni	ted States Ban	kruptcy Court for the:	EASTERN DISTRICT OF	TENNESSEE		
Cod	aa numbar					
	se number				-	Check if this is an amended filing
						inchaed ming
∩f	ficial For	m 107				
			Affairs for Individ	luals Filing for R	ankruntev	4/19
					<u> </u>	
info	rmation. If me		attach a separate sheet to		equally responsible for sup additional pages, write you	
	<u> </u>	,		Lived Defere		
1-61 1	•	current marital statu	rital Status and Where You	Liveu belore		
••		Current maritar state	13:			
	■ Married■ Not marr	ried				
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	☐ Yes. List	all of the places you I	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3.					ity property state or territor	
state	es and territorie	es include Arizona, Ca	lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto Ri	co, Texas, Washington and V	Visconsin.)
	■ No					
	☐ Yes. Mal	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
Par	t 2 Explain	n the Sources of You	r Income			
4.	Fill in the total	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No					
	_	in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	(before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$23,314.75	☐ Wages, commissions, bonuses, tips	
	☐ Operating a business ☐ Operating a business					

Official Form 107

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Debtor 1 Oda McCall Bohanan

				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	or last calen anuary 1 to		31, 2018)	■ Wages, commissions, bonuses, tips	\$35,168.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
	or the calend anuary 1 to			■ Wages, commissions, bonuses, tips	\$34,972.00	☐ Wages, commissions, bonuses, tips	
				☐ Operating a business		☐ Operating a business	
	winnings. I	f you are fil	ing a joint ca	pensions; rental income; interse and you have income that youne from each source separate	ou received together, list it o	·	d gambling and lottery
				Debtor 1		Debtor 2	
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Pá	art 3: List	Certain Pa	yments You	Made Before You Filed for	Bankruptcy		
6.	□ No.	Neither Dindividual Individual During the No. Yes	ebtor 1 nor I primarily for a 90 days before Go to line 7 List below paid that co not include to adjustmen	a personal, family, or household ore you filed for bankruptcy, di 7. each creditor to whom you pai reditor. Do not include payment payments to an attorney for the t on 4/01/22 and every 3 years	Imer debts. Consumer debts Id purpose." d you pay any creditor a total d a total of \$6,825* or more i the for domestic support oblig his bankruptcy case. s after that for cases filed on	of \$6,825* or more? n one or more payments and tations, such as child support a or after the date of adjustment	he total amount you and alimony. Also, do
	■ Yes.			or both have primarily consure you filed for bankruptcy, di		of \$600 or more?	
		■ No.	Go to line 7	7.			
		☐ Yes	List below	each creditor to whom you pai	d a total of \$600 or more and	the total amount you paid tha	t creditor. Do not

include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an

paid

Amount you

still owe

Total amount

Creditor's Name and Address

attorney for this bankruptcy case.

Dates of payment

Was this payment for ...

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7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.							
	■ No							
	☐ Yes. List all payments to an insider.							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment		
3.	Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi		ments or transfer a	any property on a	ccount of a de	ebt that benefited an		
	No							
	Yes. List all payments to an insider							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name		
).	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. Case title Case number Capital One v. Oda Bohanan Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.	ey, were you a party in an cases, small claims actions Nature of the case civil collections ey, was any of your prope	Court or agency Knox County C Sessions Cour Civil Division P O Box 379 Knoxville, TN 3	General Tt Dkt #	Status of th Pending On appe Conclude	e case al ed		
	Creditor Name and Address	Describe the Property		Date		Value of the property		
	Nissan Motor Acceptanc	Explain what happened 2018 Nissan Rogue		2018	2	\$0.00		
	P.o. Box 660366 Dallas, TX 75266	■ Property was reposse □ Property was foreclos □ Property was garnishe □ Property was attached	ed. ed.	2016	•	\$0.00		
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment beca ■ No □ Yes. Fill in the details.		luding a bank or fil	nancial institutio	n, set off any a	mounts from your		
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was	Amount		
				takei	•			

Case 3:19-bk-32387-SHB Doc 1 Filed 07/27/19 Entered 07/27/19 11:53:43 Main Document Page 11 of 43 Debtor 1 Oda McCall Bohanan Case number (if known) 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο Yes. Fill in the details. п Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address payment transferred or transfer was Email or website address made

Attorney Fees

Person Who Made the Payment, if Not You

cynthialawson@bbllawgroup.com

Bond, Botes & Lawson, P.C.

6704 Watermour Way Knoxville, TN 37912

\$1,000.00

2018-2019

Case 3:19-bk-32387-SHB Filed 07/27/19 Entered 07/27/19 11:53:43 Main Document Page 12 of 43 Debtor 1 Oda McCall Bohanan Case number (if known) 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Amount of Date payment Address transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No П Yes. Fill in the details. Person Who Received Transfer Description and value of Describe any property or Date transfer was **Address** property transferred payments received or debts made paid in exchange Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) Yes. Fill in the details. Name of trust Description and value of the property transferred **Date Transfer was** made Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. П No Yes. Fill in the details. Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold. before closing or Code) moved, or transfer transferred XXXX-SunTrust Bank (RAS) \$0.00 ☐ Checking c/o CORPORATION SERVICE □ Savings **COMPANY** ■ Money Market 2908 Poston Ave □ Brokerage Nashville, TN 37203-1312 □ Other XXXX-Regions Bank □ Checking \$0.00 **Bankruptcy Dept** □ Savings 1900 Fifth Ave N ☐ Money Market Birmingham, AL 35203 □ Brokerage ☐ Other 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No П Yes. Fill in the details. Name of Financial Institution Describe the contents Do you still Who else had access to it?

Doc 1

Address (Number, Street, City,

State and ZIP Code)

Address (Number, Street, City, State and ZIP Code)

have it?

22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?							
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?				
Par	t 9: Identify Property You Hold or Control for	Someone Else						
23.	Do you hold or control any property that some for someone.	one else owns? Include any proper	ty you borrowed from, are storing for,	or hold in trust				
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
Par	t 10: Give Details About Environmental Inform	nation						
or	the purpose of Part 10, the following definitions	s apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, ground	- •					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	ite means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used						
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic si	ubstance,				
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of wher	n they occurred.					
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environme	ntal law?				
	■ No							
	Yes. Fill in the details. Name of site	Governmental unit	Environmental law, if you	Date of notice				
	Address (Number, Street, City, State and ZIP Code)	Address (Number, Street, City, State and ZIP Code)						
25.	Have you notified any governmental unit of any release of hazardous material?							
	■ No □ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or admini	strative proceeding under any envi	ronmental law? Include settlements a	nd orders.				
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	t 11: Give Details About Your Business or Cor	nnections to Any Business						
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have an	y of the following connections to any	business?				
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity,	either full-time or part-time					
	☐ A member of a limited liability company	y (LLC) or limited liability partnersh	ip (LLP)					

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Debtor 1 Oda McCall Bohanan

28.

	☐ A partner in a partnership						
	☐ An officer, director, or managing executive of a corporation						
	☐ An owner of at least 5% of the votin	g or equity securities of a corporation					
	No. None of the above applies. Go to F	Part 12.					
	Yes. Check all that apply above and fill	in the details below for each business.					
Ad	siness Name dress mber, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed				
	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.						
	No Yes. Fill in the details below.						
Ad	me dress mber Street City State and ZIP Code)	Date Issued					

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Case number (if known) Main Document

Part 12: Sign Below		
are true and correct. I under	s Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers and that making a false statement, concealing property, or obtaining money or property by fraud in connection sult in fines up to \$250,000, or imprisonment for up to 20 years, or both.	
/s/ Oda McCall Bohanan		
Oda McCall Bohanan Signature of Debtor 1	Signature of Debtor 2	
Date July 25, 2019	Date	
Did you attach additional pa	es to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?	
No		
☐ Yes		
Did you pay or agree to pay	omeone who is not an attorney to help you fill out bankruptcy forms?	
No		
☐ Yes. Name of Person	. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	

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		Main Docu	ment Page 16 c	of 43	
Fill in this inform	nation to identify your	case:			
Debtor 1	Oda McCall Boha	nan Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT O	OF TENNESSEE		
Case number (if known)					☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your as	
		Value c	f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	13,300.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	13,300.00
Pa	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	15,799.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	32,505.16
	Your total liabilities	\$	48,304.16
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	1,930.77
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,346.67
Pa	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	■ Yes What kind of debt do you have?		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

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Debtor 1 Oda McCall Bohanan

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,885.79

\$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total clai	m
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	94.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	94.00

Case 3:19-bk-32387-SHB Doc 1 Filed 07/27/19 Entered 07/27/19 11:53:43 Desc

Debto	or 1 Oda McCall Bohanan		
20010	First Name	Middle Name Last Name	
Debto	or 2 e, if filing) First Name	Middle Name Last Name	
	. 0,		
Jnited	d States Bankruptcy Court for the: EAS	STERN DISTRICT OF TENNESSEE	
Case	number		☐ Check if this is ar amended filing
Sch n each hink it nforma nswer	fits best. Be as complete and accurate as ation. If more space is needed, attach a ser r every question. Describe Each Residence, Building, Lan	ns. List an asset only once. If an asset fits in more than possible. If two married people are filing together, both parate sheet to this form. On the top of any additional part, or Other Real Estate You Own or Have an Interest In rest in any residence, building, land, or similar property	are equally responsible for supplying correct ges, write your name and case number (if known).
	No. Go to Part 2.		
_	No. Go to Part 2. 'es. Where is the property?		
Part 2	Property? Describe Your Vehicles u own, lease, or have legal or equitable one else drives. If you lease a vehicle, also	le interest in any vehicles, whether they are regists or report it on Schedule G: Executory Contracts and vehicles, motorcycles	
Part 2	Describe Your Vehicles u own, lease, or have legal or equitable one else drives. If you lease a vehicle, also rs, vans, trucks, tractors, sport utility of the control of	so report it on Schedule G: Executory Contracts and	Unexpired Leases.
Part 2: Do you omeo . Car	Describe Your Vehicles u own, lease, or have legal or equitable one else drives. If you lease a vehicle, also rs, vans, trucks, tractors, sport utility to No.	so report it on Schedule G: Executory Contracts and	
Part 2: Do you omeo	Describe Your Vehicles u own, lease, or have legal or equitable one else drives. If you lease a vehicle, also rs, vans, trucks, tractors, sport utility of the second of	wehicles, motorcycles Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:
Part 2	Describe Your Vehicles u own, lease, or have legal or equitable one else drives. If you lease a vehicle, also rs, vans, trucks, tractors, sport utility one Make: Chrysler Model: 200 Year: 2015 Approximate mileage: 106,000	wehicles, motorcycles Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the Current value of the
Part 2	Describe Your Vehicles u own, lease, or have legal or equitable one else drives. If you lease a vehicle, also rs, vans, trucks, tractors, sport utility of the second of	wehicles, motorcycles Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Current value of the entire property? Current value of the portion you own?

☐ Yes

	the portion you own for all of your entries from Part 2, including any entries for ed for Part 2. Write that number here	
Day 2	and and Harracheld Koma	
Part 3: Describe Your Person	egal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
 6. Household goods and f Examples: Major appliar □ No ■ Yes. Describe 	furnishings nces, furniture, linens, china, kitchenware	
■ Tes. Describe		
	LR Furn, DR Furn, Washer/Dryer, Microwave, Refrigerator, Vacuum Cleaner, BR Furn, Kitchen Table, Stove, Kitchen Utensils	\$2,200.00
	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; l phones, cameras, media players, games	music collections; electronic devices
	Cell Phone, TV's, DVD Player, Computer	\$375.00
	Some money is a specific and a speci	
	I figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamons, memorabilia, collectibles	np, coin, or baseball card collections;
 Equipment for sports a Examples: Sports, photo musical instr No Yes. Describe 	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; of	canoes and kayaks; carpentry tools;
10. Firearms Examples: Pistols, rifles No ☐ Yes. Describe	s, shotguns, ammunition, and related equipment	
11. Clothes Examples: Everyday cl □ No ■ Yes. Describe	othes, furs, leather coats, designer wear, shoes, accessories	
	Clothing	\$200.00
12. Jewelry Examples: Everyday je □ No ■ Yes. Describe	welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches,	gems, gold, silver
	Watch, Necklaces, Rings	\$125.00
13. Non-farm animals Examples: Dogs, cats, ■ No	birds, horses	

☐ Yes. Describe.....

Case 3:19-bk-32387-SHB Doc 1 Filed 07/27/19 Entered 07/27/19 11:53:43 Main Document Page 20 of 43 Case number (if known) Debtor 1 **Oda McCall Bohanan** 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,900.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No □ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Checking **FSNB & The Money Card** \$400.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: **Pension TCRS** Unknown 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No

☐ Yes.....

Case 3:19-bk-32387-SHB Doc 1 Filed 07/27/19 Entered 07/27/19 11:53:43 Main Document Page 21 of 43 Debtor 1 ase number (if known) **Oda McCall Bohanan** 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund

value:

Term insurance through employer - no cash value

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

■ No

☐ Yes. Describe each claim.......

Case 3:19-bk-32387-SHB Page 22 of 43 Case number (if known) Main Document Debtor 1 **Oda McCall Bohanan** 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$400.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership □ No Yes. Give specific information....... The values listed with regard to all items in Schedule B represent the debtor's best estimate as to the amount the items could be sold for, used and "as is", to a willing buyer. None of the values are intended to represent the replacement value, actual cash value or any other value of the listed items as defined by the debtor's homeowner's insurance \$0.00 policy or any other insurance policy. Add the dollar value of all of your entries from Part 7. Write that number here

54.	Add the donar value of all of your entries from Fart 7. With	e illai i	uniber nere		\$0.00
Part	8: List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2				\$0.00
56.	Part 2: Total vehicles, line 5		\$10,000.00		
57.	Part 3: Total personal and household items, line 15		\$2,900.00		
58.	Part 4: Total financial assets, line 36		\$400.00		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61		\$13,300.00	Copy personal property total	\$13,300.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62				\$13,300.00

Official Form 106A/B Schedule A/B: Property page 5 Case 3:19-bk-32387-SHB Doc 1 Filed 07/27/19 Entered 07/27/19 11:53:43 Des

		IVIAIII I JULII	mem Paue 73 Oi	4.)
Fill in this infor	mation to identify your	case:		
Debtor 1	Oda McCall Boha	nan		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	FTENNESSEE	
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify	the I	Property	You	Claim a	s Exemp	ıt
---------	----------	-------	----------	-----	---------	---------	----

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
1989 Clayton Mobile Home Line from Schedule A/B: 3.2	\$2,000.00		\$2,000.00	Tenn. Code Ann. § 26-2-103
Ellie Holli Golledale 7/B. G.E			100% of fair market value, up to any applicable statutory limit	
LR Furn, DR Furn, Washer/Dryer, Microwave, Refrigerator, Vacuum	\$2,200.00		\$2,200.00	Tenn. Code Ann. § 26-2-103
Cleaner, Reinigerator, Vacuum Cleaner, Ritchen Table, Stove, Kitchen Utensils Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Cell Phone, TV's, DVD Player, Computer	\$375.00		\$375.00	Tenn. Code Ann. § 26-2-103
Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	
Clothing Line from Schedule A/B: 11.1	\$200.00		\$200.00	Tenn. Code Ann. § 26-2-104
Line Holli Schedule A/B. 1111			100% of fair market value, up to any applicable statutory limit	
				Tenn. Code Ann. § 26-2-104
Watch, Necklaces, Rings Line from Schedule A/B: 12.1	\$125.00		\$125.00	Term. Code Arm. § 20-2-104

Entered 07/27/19 11:53:43 Case 3:19-bk-32387-SHB Doc 1 Filed 07/27/19 Main Document Page 24 of 43 Oda McCall Bohanan Debtor 1 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: FSNB & The Money Card** Tenn. Code Ann. § 26-2-103 \$400.00 \$400.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit **Pension: TCRS** Tenn. Code Ann. § 26-2-105(a) Unknown 100% Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit

3	Are you claiming a	homostoad	evemption	of more than	\$170 3502

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 - ☐ No
 - ☐ Yes

	19-bk-3238	Main Document		Entered 07/27 25 of 43	T13 11.33.43	Desc
Fill in this informati	on to identify yo	ur case:				
	Oda McCall Bo					
ا Debtor 2	First Name	Middle Name Las	st Name			
	irst Name	Middle Name Las	st Name			
United States Bankru	ıptcy Court for the	: EASTERN DISTRICT OF TENNESS	SEE			
Case number						
(if known)					_	if this is an ded filing
						aca ming
Official Form 1	06D					
Schedule D:	Creditors	Who Have Claims Se	cured	by Property	٧	12/15
s needed, copy the Ad number (if known).	ditional Page, fill it	If two married people are filing together, be out, number the entries, and attach it to thi				
. Do any creditors hav		,, , ,				
_		this form to the court with your other sche	∌dules. You	u have nothing else to	o report on this form.	
Yes. Fill in all	of the information	below.				
Part 1: List All Se	ecured Claims			0.11	0.1. 5	0.1
		more than one secured claim, list the creditors		Column A Amount of claim	Column B Value of collateral	Column C Unsecured
		s a particular claim, list the other creditors in Prical order according to the creditor's name.	an 2. As	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Credit Accep	tance Corp	Describe the property that secures the cl		\$15,799.00	\$8,000.00	\$7,799.00
Creditor's Name		2015 Chrysler 200 106,000 miles Tag # 4L8-7A2	•			
Po Box 5070		As of the date you file, the claim is: Check	all that			
Southfield, N	II 48086	apply. Contingent				
Number, Street, City	, State & Zip Code	☐ Unliquidated				
		☐ Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		An agreement you made (such as mortg	age or secu	red		
Debtor 2 only		car loan)				
Debtor 1 and Debtor	•	Statutory lien (such as tax lien, mechanic	c's lien)			
At least one of the d		Judgment lien from a lawsuit				
☐ Check if this claim community debt	relates to a	Other (including a right to offset)	nicle Title	Lien		
	Opened 06/18 Last					
	Active					
Date debt was incurred		Last 4 digits of account number	7085			
	-			 -		
	-	Column A on this page. Write that number h	ere:	\$15,79	9.00	
If this is the last page	e of your form, add	the dollar value totals from all pages.		¢15.70	0.00	

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$15,799.00

Write that number here:

	Case	3.19-DK-32307-		in Document		26 of 43	.9 11.55.4	is Desc
Fill in	this inform	nation to identify your o			1 7111	. 7 (7 (7) 4.)		
Debto	r 1	Oda McCall Boha	nan					
Debio		First Name	Middle Na	ame	Last Name			
Debto								
(Spouse	if, filing)	First Name	Middle Na	ame	Last Name			
United	l States Bar	kruptcy Court for the:	EASTERN D	DISTRICT OF TENI	NESSEE			
Case	number							
(if knowr				_			_ c	heck if this is an
							aı	mended filing
Offic	ial Form	106E/F						
		/F: Creditors W	ho Havo	Unsecured	Claime			12/15
						Part 2 for creditors with NON	IDDIODITY olois	
Schedu eft. Atta name a	le D: Credito ach the Cont nd case num	ors Who Have Claims Secutinuation Page to this page nber (if known).	ured by Proper e. If you have n	ty. If more space is no information to rep	eeded, copy t	any creditors with partially s the Part you need, fill it out, do not file that Part. On the t	number the ent	ries in the boxes on the
Part 1		l of Your PRIORITY Un						
_	•	rs have priority unsecured	a ciaims agains	st you?				
	No. Go to Pa	art 2.						
□ Part 2	Yes.	of Your NONPRIORIT	V Uneocurod	Claims				
	-	rs have nonpriority unsec	_	_				
Ц	No. You hav	e nothing to report in this pa	art. Submit this f	orm to the court with y	our other sche	edules.		
	Yes.							
un: tha	secured claim	n, list the creditor separately	for each claim.	For each claim listed,	identify what t	holds each claim. If a credit ype of claim it is. Do not list cla three nonpriority unsecured c	aims already inc	luded in Part 1. If more
								Total claim
4.1	Caine W	/einer		Last 4 digits of acco	ount number	7872		\$158.00
		Creditor's Name		10 (h 4h 1 - h 4	:	Onemad 0/04/40		
	Po Box	วว _ิ ง46 n Oaks. CA 91413		When was the debt	incurrea?	Opened 9/04/18		
		reet City State Zip Code		As of the date you f	ile, the claim i	s: Check all that apply		
		red the debt? Check one.						
	Debtor	1 only		☐ Contingent				
	☐ Debtor	2 only		☐ Unliquidated				
	☐ Debtor	1 and Debtor 2 only		☐ Disputed				
	At least	one of the debtors and and	ther	Type of NONPRIORI	ITY unsecured	d claim:		
	☐ Check debt	if this claim is for a comn	nunity	Student loans				
		n subject to offset?		■ Obligations arising report as priority clair		ration agreement or divorce th	at you did not	
	■ No	-				g plans, and other similar deb	ts	
	☐ Yes			Other. Specify)1 Progress	sive Insurance		

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4.2	Capital One Bank Usa N	Last 4 digits of account number	5237	\$3,067.00			
	Nonpriority Creditor's Name		Opened 11/13 Last Active				
	Po Box 30281	When was the debt incurred?	6/29/18				
	Salt Lake City, UT 84130 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	As of the date you me, the claim	s. Oneok all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	☐ Obligations arising out of a separation agreement or divorce that you did not				
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts				
	☐ Yes	■ Other Specify Credit Card					
42	Canital One Benk Hee N	Last & district of account mountain	7450	£2.624.00			
4.3	Capital One Bank Usa N Nonpriority Creditor's Name	Last 4 digits of account number	7150	\$2,624.00			
	Po Box 30281		Opened 11/14 Last Active				
	Salt Lake City, UT 84130	When was the debt incurred?	6/29/18				
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only						
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	\square Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa					
	<u> </u>	report as priority claims Debts to pension or profit-sharir	a plane, and other similar debte				
	■ No						
	Yes	Other. Specify Credit Card	<u> </u>				
4.4	Checkredi	Last 4 digits of account number		\$56.49			
	Nonpriority Creditor's Name PO Box 11848	When was the debt incurred?					
	Lexington, KY 40578-1848	When was the dept incurred:					
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a sepa					
	No	report as priority claims Debts to pension or profit-sharing plans, and other similar debts					
		·	g plane, and outer similar debts				
	☐ Yes	Other. Specify					

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4.5	Chex Systems	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name Consumer Relations	When was the debt incurred?	
	7805 Hudson Rd Ste 100		
	Woodbury, MN 55125		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Notification Purposes Only	
4.6	Convergent Outsourcing, Inc	Last 4 digits of account number	\$369.98
	Nonpriority Creditor's Name	When we the debt in sured 0	
	Agent For: 800 SW 39th Street	When was the debt incurred?	
	Renton, WA 98057		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Comcast	
4.7	Credit Collection Services	Last 4 digits of account number	\$104.96
	Nonpriority Creditor's Name	When was the debt incurred?	
	Agent for 725 Canton Street	when was the dept incurred?	
	Norwood, MA 02062		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	☐Yes	■ Other. Specify GEICO	
		-1 /	

Case 3:19-bk-32387-SHB Doc 1 Filed 07/27/19 Entered 07/27/19 11:53:43 Main Document Page 29 of 43 Debtor 1 Oda McCall Bohanan 4.8 \$1,168.09 **Credit Control** Last 4 digits of account number Nonpriority Creditor's Name Agent For: When was the debt incurred? 7130 Goodlett Farms Pkwy Cordova, TN 38016 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts No ■ Other. Specify SunTrust Bank ☐ Yes 4.9 **Goodys WFNNB** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name When was the debt incurred? **Bankruptcy Dept** P O Box 182125 Columbus, OH 43218-2125 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Card ☐ Yes Kohls/capone 4603 \$457.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 04/13 Last Active

Nonpriority Creditor's Name

N56 W 17000 Ridgewood Dr
Menomonee Falls, WI 53051

Number Street City State Zip Code
Who incurred the debt? Check one.

Debtor 1 only
Debtor 2 only
Debtor 1 and Debtor 2 only

As 4 digits of account number 4603

Opened 04/13 Last Active 2/02/18

As of the date you file, the claim is: Check all that apply

Contingent
Unliquidated
Disputed
Type of NONPRIORITY unsecured claim:

■ Other. Specify Charge Account

□ At least one of the debtors and another
□ Check if this claim is for a community debt
Is the claim subject to offset?
□ No
□ Debts to pension or profit-sharing plans, and other similar debts
□ Type of NONPRIORITY unsecured claim:
□ Student loans
□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
□ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

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4.1 1	Nissan Motor Acceptance	Last 4 digits of account number	0001	\$18,604.00
	Nonpriority Creditor's Name	_	Opened 01/17 Last Active	
	P.o. Box 660366 Dallas, TX 75266	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim		
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Automobile	e	
4.1	Progressive Leasing (RAS) Nonpriority Creditor's Name	Last 4 digits of account number		\$2,119.64
	Attn: General Manager or Agent 256 Data Drive Draper, UT 84020	When was the debt incurred?		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharir	ng plans, and other similar debts	
	Yes	Other. Specify		
4.1	Regions Bank	Last 4 digits of account number		Unknown
	Nonpriority Creditor's Name Bankruptcy Dept 1900 Fifth Ave N	When was the debt incurred?		
	Birmingham, AL 35203 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Overdraft		

Debtor	Case 3:19-bk-32387-SHB Oda McCall Bohanan		Entered 07/27/19 11:53:43 2 31 of 43 Case number (if known)	Desc				
4.1	Sallie Mae Bank Inc	Last 4 digits of account number	4246	\$94.00				
	Nonpriority Creditor's Name Po Box 3229 Wilmington, DE 19804	When was the debt incurred?	Opened 12/12 Last Active 7/14/19	· · · · · · · · · · · · · · · · · · ·				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	Student loans						
	debt							
	■ No	Debts to pension or profit-sharin	☐ Debts to pension or profit-sharing plans, and other similar debts					
	□Yes	☐ Other. Specify						
		Educationa	I					
4.1 5	Tri St Adjt	Last 4 digits of account number	VWV6	\$103.00				
	Nonpriority Creditor's Name 3439 East Ave So.	When was the debt incurred?	Opened 12/14/18					
	La Crosse, WI 54602 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	□ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not					
	■ No	☐ Debts to pension or profit-sharin	g plans, and other similar debts					
	Yes		Cleaners A					
4.1	.,			40.550.00				
6	Verizon Wireless Nonpriority Creditor's Name	Last 4 digits of account number	0001	\$3,579.00				
	National Recovery Operations Minneapolis, MN 55426	When was the debt incurred?	Opened 07/10 Last Active 11/30/18					
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						

☐ Yes ☐ Other. Specify ____

Part 3: List Others to Be Notified About a Debt That You Already Listed

Type of NONPRIORITY unsecured claim:

 $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

debt

■ No

☐ Disputed

☐ Student loans

report as priority claims

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

☐ Check if this claim is for a community

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

		L9-bk-32387-SHB			ered 07/27/19 11:53:43 f 43 nber (if known)	Desc	
Court Case No 100 N M	on County o 13957K	General Sessions 3616	On which entry in Part 1 or Part 2 did Line 4.3 of (Check one): Last 4 digits of account number	☐ Part 1: C	ginal creditor? reditors with Priority Unsecured Claims reditors with Nonpriority Unsecured Claim	s	
States US Dep 950 Per		Ave., NW	On which entry in Part 1 or Part 2 did Line 4.5 of (Check one): Last 4 digits of account number	☐ Part 1: C	ginal creditor? reditors with Priority Unsecured Claims reditors with Nonpriority Unsecured Claim	s	
P O Box		on Services LLC -0241	On which entry in Part 1 or Part 2 did Line 4.5 of (<i>Check one</i>): Last 4 digits of account number	☐ Part 1: C	ginal creditor? reditors with Priority Unsecured Claims reditors with Nonpriority Unsecured Claim	s	
Name and Address Experian P O Box 2002 Allen, TX 75013			On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number				
Name and Address GC Services Agent for: Nissan Motor Acceptance 6330 Gulfton Houston, TX 77081			On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number				
Name and Address Nathan & Nathan (RAS) Agent For: Capital One Bank Usa NA c/o John R. Viogt, Esq 150 3rd Ave S. Suite 1100 Nashville, TN 37201		One Bank Usa Esq te 1100	On which entry in Part 1 or Part 2 did Line 4.3 of (Check one): Last 4 digits of account number	☐ Part 1: C	ginal creditor? reditors with Priority Unsecured Claims reditors with Nonpriority Unsecured Claim	s	
Name and Address Trans Union P O Box 2000 Chester, PA 19022			On which entry in Part 1 or Part 2 did you list the original creditor? Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims Last 4 digits of account number				
				al reporting p	ourposes only. 28 U.S.C. §159. Add the	amounts for each	
To clair	tal	Domestic support obligation	is	6a.	Total Claim \$ 0.00		
from Par			ts you owe the government I injury while you were intoxicated secured claims. Write that amount here	6b. 6c. e. 6d.	\$ 0.00 \$ 0.00 \$ 0.00		
	6e.	Total Priority. Add lines 6a th	rough 6d.	6e.	\$		

Total claims

Official Form 106 E/F

6f. Student loans

Total Claim

94.00

6f.

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Debtor 1 Oda McCall Bohanan

from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 32,411.16
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 32,505.16

Official Form 106 E/F

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		IVICILITATION		
Fill in this info	rmation to identify your	case:		
Debtor 1	Oda McCall Boha	nan		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	F TENNESSEE	
Case number				
()				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
	•				

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· ·	Od50 0:10 BK 0200	Main Docu	ment Page 3	25 of 1/3	.0 11.00.40 Dead
Fill in this	s information to identify you			.) (// 4.)	
Debtor 1	Oda McCall Bol	hanan			
	First Name	Middle Name	Last Name	_	
Debtor 2 (Spouse if, fill	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the	: EASTERN DISTRICT C	F TENNESSEE		
Case num (if known)	nber				☐ Check if this is an amended filing
Officia	l Form 106H				
	dule H: Your Co	debtors			12/15
ill it out, a our name		ne boxes on the left. Attach n). Answer every question	the Additional Page t	to this page. On the to	needed, copy the Additional Page, p of any Additional Pages, write
■ No					
☐ Ye	s				
	t hin the last 8 years, have y na, California, Idaho, Louisiar				ty states and territories include)
	. Go to line 3. s. Did your spouse, former sp	oouse, or legal equivalent live	e with you at the time?		
in line Form	e 2 again as a codebtor only	y if that person is a guaran	tor or cosigner. Make	sure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and	d ZIP Code		Column 2: The cre Check all schedul	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lir	ne.
<u> </u>	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	
	Number Street City	State	ZIP Code	_	
3.2	Nome			Schedule D, lir	
	Name			☐ Schedule E/F,	
				☐ Schedule G, lir	ne
	Number Street	0	715.0	_	
	City	State	ZIP Code		

Fill	in this information to identify your c	ase:								
Del	otor 1 Oda McCall	Bohanan			_					
_	otor 2 puse, if filing)				_					
Uni	ted States Bankruptcy Court for the	EASTERN DISTRICT	OF TENNESSEE		_					
	se number 		-					ed filing ent showing	g postpetition c	hapter
0	fficial Form 106I					_	1M / DD/ Y		nowing date.	
	chedule I: Your Inc	ome				IV	ז /טט / ווווי	111		12/15
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	ır spouse is not filing w	ith you, do not inclu	ıde inforr	natio	on abou	t your spo	ouse. If mo	re space is ne	eeded,
1.	Fill in your employment information.		Debtor 1				Debtor 2	or non-fil	ing spouse	
	If you have more than one job,	Employment status	■ Employed				☐ Emple	oyed		
	attach a separate page with information about additional	Employment status	☐ Not employed				☐ Not e	mployed		
	employers.	Occupation	Choir Teacher							
	Include part-time, seasonal, or self-employed work.	Employer's name	Anderson Cour	nty Scho	ols					
	Occupation may include student or homemaker, if it applies.	Employer's address	100 N Main St F Clinton, TN 377		3					
		How long employed t	here? 6 yrs							
Pai	t 2: Give Details About Mo	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write	e \$0 in the	space. Inc	lude your non-	filing
	u or your non-filing spouse have meespace, attach a separate sheet to		ombine the information	n for all e	mplo	oyers for	that perso	on on the lir	nes below. If yo	ou need
						For De	otor 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3	,344.58	\$	N/A	
3	Estimate and list monthly over	ime nav		3	+ \$		0.00	_ \$	N/A	

3,344.58

N/A

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Oda McCall Bohanan	_	Case n	umber (if known)			
					Debtor 1	non-fi	ebtor 2 or ling spouse	
	Cop	y line 4 here	4.	\$	3,344.58	\$	N/A	
5.	List	all payroll deductions:						
	5a. 5b. 5c.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans	5a. 5b. 5c.	\$ \$	626.32 349.85	\$ \$	N/A N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	N/A N/A	
	5e. 5f.	Insurance Domestic support obligations	5e. 5f.	\$	187.66 0.00	\$	N/A N/A	
	5g.	Union dues	5g.	\$	59.65	\$	N/A	
	5h.	Other deductions. Specify: Empower ROTH Prepaid Legal	5h.+	\$ \$	54.17 26.98	+ \$	N/A N/A	
		Washington National		\$ 	62.62	\$ 	N/A N/A	
		US Able TN Cert		\$	79.34 167.22	\$	N/A N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,613.81	\$	N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,730.77	\$	N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$ —	0.00	\$	N/A N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d. 8e.	Unemployment compensation Social Security	8d. 8e.	\$	0.00	\$	N/A N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:		\$ \$	0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify: Band Camp	8h.+ 	\$	200.00	+ \$	N/A	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	200.00	\$	N/A	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	1	,930.77 + \$_		N/A = \$1	,930.77
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depend				hedule J. 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certalies					12. \$ 1	,930.77
13.	Do y	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	1?				monthly	

Fill-i	n this informa	tion to identify yo	our case:			ı		
Debt		Oda McCall				Che	ck if this is:	
		Oua Miccail	Donanan				An amended filing	
Debt (Spo	tor 2 ouse, if filing)						A supplement shown 13 expenses as of	ving postpetition chapter the following date:
Unite	ed States Bankr	ruptcy Court for the	: EASTE	RN DISTRICT OF TENNE	SSEE		MM / DD / YYYY	
1	e number nown)							
Of	ficial Fo	rm 106J				•		
		J: Your	Exper	ises				12/1
Be a	as complete a	and accurate as	possible eded, atta	If two married people ar				
Part 1.	1: Descr Is this a joir	ibe Your House	hold					
١.	■ No. Go to	line 2.						
	⊔ Yes. Doe		in a separ	ate household?				
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	tor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.						□ Yes □ No
								☐ Yes
								□ No
								☐ Yes
								□ No
3.	Do your eyr	enses include	_					☐ Yes
٥.	expenses o	f people other t	han $_{oldsymbol{\sqcap}}$	No Yes				
	yourself and	d your depende	nts? —	100				
exp	mate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the	ude expense value of sucl icial Form 10	n assistance an	non-cash d have ind	government assistance i luded it on <i>Schedule I:</i>)	f you know our Income		Your exp	enses
4	The wanta!		hin a	aaa fan waxan aastdan se d	noludo firot			
4.		or nome owners and any rent for th		ses for your residence. In triot.	nciude first mortgag	e 4. S		0.00
	If not includ	led in line 4:						
		estate taxes				4a. S	S	0.00
		rty, homeowner's				4b. S		0.00
				ipkeep expenses		4c. S		100.00
5.		owner's associat nortgage paym		oominium dues our residence, such as ho	me equity loans	4d. 9 5. 9		0.00

Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Lot Rent d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: ss. Do not include taxes deducted from your pay or included in lines 4 or 20. sify: ullment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: rpayments of alimony, maintenance, and support that you did not report a lated from your pay on line 5, Schedule I, Your Income (Official Form 106) of the payments you make to support others who do not live with you.		\$	120.00 70.00 130.00 370.00 300.00 0.00 100.00 115.00 200.00 0.00 0.00 111.00 0.00 580.67 0.00 0.00 0.00
Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Lot Rent d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. ritainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: is. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: repayments of alimony, maintenance, and support that you did not report a cited from your pay on line 5, Schedule I, Your Income (Official Form 106) or payments you make to support others who do not live with you.	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c. 17d. as	\$	70.00 130.00 370.00 300.00 0.00 100.00 115.00 200.00 0.00 0.00 111.00 0.00 580.67 0.00 0.00
Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Lot Rent d and housekeeping supplies dcare and children's education costs hing, laundry, and dry cleaning onal care products and services ical and dental expenses sportation. Include gas, maintenance, bus or train fare. ot include car payments. rtainment, clubs, recreation, newspapers, magazines, and books ritable contributions and religious donations rance. ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance Health insurance Vehicle insurance Other insurance. Specify: ss. Do not include taxes deducted from your pay or included in lines 4 or 20. sify: sullment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: other. Specify: rpayments of alimony, maintenance, and support that you did not report a cited from your pay on line 5, Schedule I, Your Income (Official Form 106) or payments you make to support others who do not live with you.	6b. 6c. 6d. 7. 8. 9. 10. 11. 12. 13. 14. 15a. 15b. 15c. 15d. 17a. 17b. 17c. 17d. as	\$	70.00 130.00 370.00 300.00 0.00 100.00 115.00 200.00 0.00 0.00 111.00 0.00 580.67 0.00 0.00
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Other insurance. Specify: ss. Do not include taxes deducted from your pay or included in lines 4 or 20. cify: slillment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not report a licted from your pay on line 5, Schedule I, Your Income (Official Form 106) or payments you make to support others who do not live with you.	15d. 16. 17a. 17b. 17c. 17d. as	\$ \$ \$ \$	0.00 0.00 580.67 0.00 0.00
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Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: Other. Specify: payments of alimony, maintenance, and support that you did not report a acted from your pay on line 5, Schedule I, Your Income (Official Form 1061 or payments you make to support others who do not live with you.	17b. 17c. 17d. as	\$ 5	0.00 0.00 0.00
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Other. Specify: Other. Specify: r payments of alimony, maintenance, and support that you did not report a acted from your pay on line 5, Schedule I, Your Income (Official Form 1061 or payments you make to support others who do not live with you.	17c. 17d.	\$	0.00 0.00
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r payments you make to support others who do not live with you.		\$	
	<i>j</i> .	\$	0.00
	19.	<u> </u>	0.00
er real property expenses not included in lines 4 or 5 of this form or on Sc		ur Income	
Mortgages on other property	20a.		0.00
Real estate taxes	20b.		0.00
Property, homeowner's, or renter's insurance	20c.		0.00
			0.00
		·	
		*	0.00
r: Specify: Pet Care		+\$	50.00
ulate your monthly expenses			
Add lines 4 through 21.		\$	2,346.67
Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	2	\$	
			2,346.67
The Todak to your monthly expended.		<u> </u>	2,340.07
ulate your monthly net income.			
Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	1,930.77
Copy your monthly expenses from line 22c above.	23b.	-\$	2,346.67
			, -
Subtract your monthly expenses from your monthly income.		•	445.00
The result is your monthly net income.	23c.	\$	-415.90
	Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: Pet Care ulate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. ulate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues 20e. Pet Care 21. Water your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 Add line 22a and 22b. The result is your monthly expenses. Water your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from line 22c above. Subtract your monthly expenses from your monthly income. The result is your monthly net income. 23c. Sou expect an increase or decrease in your expenses within the year after you file this	Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues 20e. \$ 21. +\$ where the third specific is specifically associated as a specific is specifically as

Fill in this info	rmation to identify your o	ase:				
Debtor 1	Oda McCall Boha					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	ankruptcy Court for the:	EASTERN DISTRICT	OF TENNESSEE			
Case number (if known)					☐ Check if this is an amended filing	
Official For	-	n Individua	l Dobtor's Sa	shadulas		
Declara	tion About a	n individua	Deptor S Sc	nedules	12/15	
obtaining mone years, or both.	iis form whenever you fil ey or property by fraud in 18 U.S.C. §§ 152, 1341, 19 gn Below	connection with a ban	s or amended schedules kruptcy case can result	s. Making a false stat in fines up to \$250,0	ement, concealing property, or 00, or imprisonment for up to 20	
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill out I	bankruptcy forms?		
■ No						
☐ Yes.	Name of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)		
	alty of perjury, I declare t re true and correct.	hat I have read the sun	nmary and schedules file	ed with this declarati	on and	
X /s/ Od	a McCall Bohanan		X			
Oda N	IcCall Bohanan ure of Debtor 1		Signature of	Debtor 2		
Date	July 25, 2019		Date			

United States Bankruptcy Court Eastern District of Tennessee

In re	Oda McCall Bohanan			
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above Debtor(s) hereby verifies under the penalty of perjury under the laws of the United States of America that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: July 25, 2019

/s/ Oda McCall Bohanan
Signature of Debtor

Date: July 25, 2019

/s/ Cynthia T. Lawson
Signature of Attorney
Cynthia T. Lawson 018397
Bond, Botes & Lawson, P.C.
6704 Watermour Way
Knoxville, TN 37912
(865) 938-0733 Fax: (865) 938-7931

Anderson County General Sessions Court Case No 13957K 100 N Main St Clinton, TN 37716-3616

Attorney General of the United States US Department of Justice 950 Pennsylvania Ave., NW Washington, DC 20530-0001

Caine Weiner
Po Box 55848
Sherman Oaks, CA 91413

Capital One Bank Usa N Po Box 30281 Salt Lake City, UT 84130

Checkredi PO Box 11848 Lexington, KY 40578-1848

Chex Systems Consumer Relations 7805 Hudson Rd Ste 100 Woodbury, MN 55125

Convergent Outsourcing, Inc Agent For: 800 SW 39th Street Renton, WA 98057

Credit Acceptance Corp Po Box 5070 Southfield, MI 48086

Credit Collection Services Agent for 725 Canton Street Norwood, MA 02062

Credit Control
Agent For:
7130 Goodlett Farms Pkwy
Cordova, TN 38016

Equifax Information Services LLC P O Box 740241 Atlanta, GA 30374-0241

Experian P O Box 2002 Allen, TX 75013

GC Services Agent for: Nissan Motor Acceptance 6330 Gulfton Houston, TX 77081

Goodys WFNNB
Bankruptcy Dept
P O Box 182125
Columbus, OH 43218-2125

Kohls/capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Nathan & Nathan (RAS) Agent For: Capital One Bank Usa NA c/o John R. Viogt, Esq 150 3rd Ave S. Suite 1100 Nashville, TN 37201

Nissan Motor Acceptance P.o. Box 660366 Dallas, TX 75266

Progressive Leasing (RAS) Attn: General Manager or Agent 256 Data Drive Draper, UT 84020

Regions Bank Bankruptcy Dept 1900 Fifth Ave N Birmingham, AL 35203

Sallie Mae Bank Inc Po Box 3229 Wilmington, DE 19804

Trans Union P O Box 2000 Chester, PA 19022

Tri St Adjt 3439 East Ave So. La Crosse, WI 54602

Verizon Wireless National Recovery Operations Minneapolis, MN 55426